

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445360	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area's one hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Department representative, on November 13, 2013 at 9:35 p.m. confirmed a flexible combustible duct penetrated the soiled linen room's 1-hour rated wall and the penetration was not protected with a fire damper and rigid metal ductwork. This finding was verified by the Maintenance department Representative and acknowledged by the Director of Nursing during the exit conference on November 13, 2013.</p>	K 029	<p>K029</p> <ol style="list-style-type: none"> No residents were found to have been affected by the deficient practice. No residents were found to have been affected by the deficient practice. The Maintenance Department will have replaced the flexible combustible duct which penetrates the soiled linen room's 1 hour fire rated wall with a fire damper and rigid metal ductwork by December 20, 2013. The Maintenance Department will make environmental rounds on an annual basis to identify any other areas which may be out of compliance and corrective action will be implemented. The rounds will be documented and maintained in the Maintenance Department. <p><u>December 27, 2013 Addendum:</u></p> <p><u>Communication with Mr. Stuart Hurwitz on November 16, 2013 revealed the following:</u></p> <p><u>"After closer review, I see the room we looked in is shown as only a smoke partition wall, therefore no fire dampers are required."</u></p> <p><u>The documentation which Mr. Hurwitz reviewed is attached.</u></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Pamela B. Royce RN/MSN

NHA

11/26/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.